OMB No. 0970-0143

Expiration Date: 10/31/01

# Early Head Start Evaluation

# EXIT INTERVIEW

**NOTE: QUESTION NUMBERS CORRESPOND TO 15-MONTH PSI.**

Public reporting burden for this collection of information is estimated to average 15 minutes per response for the interview , including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to ACF Reports Clearance Officer, Paperwork Reduction Project (OMB# 0970-0143), Administration for Children and Families, Office of Information Services, 370 L'Enfant Promenade, S.W., Washington, DC 20447. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB number for this project is 0970-0143.

MPR ID #: |___|___|___|___|___|___|___|

DATA COLLECTOR ID #: |___|___|___|___|

DATE: |___|___| / |___|___| / 19 |___|___|
MONTH DAY YEAR

TIME START: |___|___|:|___|___| AM/PM

TIME END: |___|___|:|___|___| AM/PM

Conducted for:
Mathematica Policy Research, Inc.
P.O. Box 2393
Princeton, NJ 08543-2393
*and*
Administration on Children, Youth, and Families
U.S. Department of Health and Human Services

## INTRODUCTION

We have about 15 minutes of questions that ask about your activities since (MONTH OF 26 MONTH PSI). This is the last interview we will have with you (until SITE CONTACT). We want to thank you for the help you have given us over the past few years. We will put your answers together with those of the almost 3,000 other parents who have participated in this study. The information we have gathered will help us answer some important questions about raising children and the help that parents of young children need. We would like to give you (another) $20 for helping us with these last questions.

You may recognize many of these questions. For this interview, we are asking some of the same questions you have been asked before, but to keep the interview short we are not asking for all the details.

## SECTION A: FAMILY COMPOSITION

**NO A1-A2 THIS VERSION.**

The first few questions are about you and other family members living in your household at the present time.

A3. Not including yourself and (FOCUS CHILD), how many people are there in your family now? Include anyone in your household who is related to you by blood, marriage, adoption, or commitment; and people who are temporarily away, for example, at school or in a hospital. Include (FOCUS CHILD)'s parents who may not live in your household if you consider them part of your family.

**INTERVIEWER: IF "NONE," PROBE:** Do you have children living with you?

**PROBE:** By someone related by commitment we mean someone like your boyfriend or girlfriend.

|___|___| NUMBER OF OTHER PEOPLE IN FAMILY

**NO A4-A17 THIS VERSION.**

A18. Are you currently married, separated, divorced, widowed, living together unmarried, or have you never been married?

MARRIED . . . . . 01

SEPARATED . . . . . 02

DIVORCED . . . . . 03

WIDOWED . . . . . 04

LIVING TOGETHER UNMARRIED . . . . . 05

NEVER MARRIED, NOT LIVING TOGETHER UNMARRIED . . . . . 00

**NO A19-A24 THIS VERSION.**

**NO SECTION B THIS VERSION.**

**NO SECTION C THIS VERSION.**

## SECTION D: EMPLOYMENT

D1. Are you currently working, in school, in a training program, or are you doing something else?

**PROBE: IF RESPONDENT IS NOT WORKING, ASK:** Are you looking for work?

CIRCLE ALL THAT APPLY

WORKING . . . . . 01 → **GO TO D23**

UNEMPLOYED . . . . . 02

LOOKING FOR WORK . . . . . 03

LAID OFF . . . . . 04

IN SCHOOL/TRAINING . . . . . 05

KEEPING HOUSE/PARENTING . . . . . 06

IN MILITARY . . . . . 07

**GO TO D20, PAGE 5**

**NO D2-D19 THIS VERSION.**
**NO D21-D22 THIS VERSION.**

D23. The next questions are about your current job. When did you start working for your current employer?

**PROBE FOR BEGINNING, MIDDLE, OR END OF MONTH IF EXACT DATES ARE NOT KNOWN. IF "BEGINNING," ENTER 05; IF "MIDDLE," ENTER 15; IF "END," ENTER 25.**

**IF THERE IS MORE THAN ONE CURRENT EMPLOYER, ASK THIS AND FOLLOWING QUESTIONS ABOUT EMPLOYER FOR WHOM RESPONDENT WORKS THE MOST HOURS.**

START: |___|___| / |___|___| / 19 |___|___|
MONTH DAY YEAR

**NO D24 THIS VERSION.**

D25. How many days per week do you usually work in that job?

**PROBE:** How many days in an average week?

|___| DAYS PER WEEK

D26. And how many hours per day do you usually work in that job? Please include regular overtime hours.

**PROBE:** How many hours in an average day?

|___|___| HOURS PER DAY

D27. What is your work schedule at your current job?

**READ RESPONSE CATEGORIES IF NECESSARY.**

**RECORD ONE RESPONSE.**

REGULAR DAYTIME SCHEDULE . . . . . 01
REGULAR EVENING SCHEDULE . . . . . 02
REGULAR NIGHT SCHEDULE . . . . . 03
ROTATING SHIFT . . . . . 04
SPLIT SHIFT . . . . . 05
IRREGULAR SCHEDULE . . . . . 06
WEEKENDS ONLY . . . . . 07
OTHER (SPECIFY) . . . . . 00

_____

D28. What is your hourly rate of pay before taxes and deductions?

**WATCH THE DECIMAL POINT.**

$ |___|___|.|___|___| PER HOUR

**GO TO D30**

NOT PAID BY HOUR . . . . . -4

DON'T KNOW . . . . . -1

REFUSED . . . . . -3 → **GO TO D30**

D29. How much are your weekly earnings before taxes and other deductions? Please include tips, commissions, and regular overtime pay you may receive.

**CIRCLE PAY PERIOD CODE.**

$ |___|___|,|___|___|___|

PER WEEK . . . . . 01

PER DAY . . . . . 02

ONCE EVERY TWO WEEKS . . . . . 03

TWICE A MONTH . . . . . 04

PER MONTH . . . . . 05

PER YEAR . . . . . 06

DON'T KNOW . . . . . -1

REFUSED . . . . . -3

D30. Now I would like to ask about benefits that are available to you on this job. Are the following benefits available to you?

**READ CATEGORIES.**

**CIRCLE YES OR NO FOR EACH.**

| | YES | NO |
|---|---|---|
| a. Paid sick leave? . . . . . | 01 | 00 |
| b. Paid vacation? . . . . . | 01 | 00 |
| c. Employer-provided transportation? . . . . . | 01 | 00 |

**NO D31-D39 THIS VERSION.**

D20. How many jobs [,if any,] have you had since (LAST PSI INTERVIEW DATE)? Please include both full-time or part-time jobs, including active military service.

**PROBE:** Include jobs like babysitting or housekeeping if you were paid. Count babysitting, housekeeping, or odd jobs for different families together as one job.

|___|___| JOBS

NONE . . . . . 00 → **GO TO SECTION E**

DON'T KNOW . . . . . -1

REFUSED . . . . . -3

D40. How much of the time since (LAST PSI INTERVIEW DATE) have you held a job or jobs in which you worked at least 20 hours per week? Would you say that you've worked at least 20 hours per week for all of the time since (LAST PSI INTERVIEW DATE), most of the time, about half of the time, less than half of the time, or never?

ALL OF THE TIME . . . . . 01

MOST OF THE TIME . . . . . 02

ABOUT HALF OF THE TIME . . . . . 03

LESS THAN HALF OF THE TIME . . . . . 04

NEVER . . . . . 05

DON'T KNOW . . . . . -1

REFUSED . . . . . -3

**NO SUPPLEMENT THIS VERSION.**

## SECTION E: EDUCATIONAL ATTAINMENT

E1. The next questions are about your educational background.

E2. Have you received any degrees, diplomas, or certificates since (LAST PSI INTERVIEW DATE)?

YES . . . . . 01
NO . . . . . 00
DON'T KNOW . . . . . -1
REFUSED . . . . . -3

**GO TO E24**

E3. What types of degrees, diplomas, or certificates have you received (since LAST PSI INTERVIEW DATE)?

**PROBE: IF RESPONDENT SAYS "NONE," ASK:** Did you complete an elementary, middle, or junior high school program?

**PROBE: IF RESPONDENT SAYS "HIGH SCHOOL DIPLOMA," ASK:** Did you receive your high school diploma through a GED program?

**CIRCLE THE CODE FOR EACH DIPLOMA OR CERTIFICATE REPORTED.**

| | | CIRCLE ALL THAT APPLY |
|---|---|---|
| A. | NONE . . . . . | 00 |
| B. | ELEMENTARY, MIDDLE, OR JUNIOR HIGH SCHOOL DIPLOMA . . . . | 01 |
| C. | ABE OR ADULT BASIC EDUCATION CERTIFICATE (PRE-GED) . . . . | 02 |
| D. | GED CERTIFICATE . . . . . | 03 |
| E. | HIGH SCHOOL DIPLOMA . . . . . | 04 |
| F. | AA OR ASSOCIATES DIPLOMA OR DEGREE (TWO-YEAR) . . . . . | 05 |
| G. | BA OR BS OR COLLEGE DIPLOMA OR DEGREE (FOUR-YEAR) . . . . | 06 |
| H. | ESL OR ENGLISH AS A SECOND LANGUAGE CERTIFICATE . . . . . | 07 |
| I. | VOCATIONAL, TECHNICAL OR TRADE DIPLOMA, CERTIFICATE, OR DEGREE (SPECIFY) . . . . . _____ \|___\|___\| | 08 |
| J. | NURSING DEGREE (LPN OR RN) . . . . . | 09 |
| K. | BUSINESS CERTIFICATE OR DEGREE . . . . . | 10 |
| L. | SECRETARIAL CERTIFICATE OR DEGREE . . . . . | 11 |
| M. | OTHER TYPES (SPECIFY) . . . . . _____ \|___\|___\| | 12 |
| N. | MEDICAL ASSISTANT, CNA, DENTAL HYGIENIST . . . . . | 13 |
| O. | CHILD CARE CERTIFICATE/TEACHERS AIDE . . . . . | 14 |
| P. | GRADUATE DEGREE (MA, PH.D., MD, JD, TH.D.) . . . . . | 15 |
| Q. | CHILD DEVELOPMENT ASSOCIATE (CDA) CREDENTIAL . . . . . | 16 |

**NO E4-E23 THIS VERSION.**

The next questions are about school or training programs you may have attended since (LAST PSI INTERVIEW DATE).

E24. How many school programs, training programs, and other courses have you attended since (LAST PSI INTERVIEW DATE)? Please include regular high school, adult basic education or GED courses, vocational or trade school, Job Corps, college, or other types of school as well as training programs to help you learn job skills or get a job. Also include classes you may have attended to learn English or improve your reading skills.

**PROBE:** Include beauty school and secretarial or nursing courses.

|___|___| SCHOOL OR TRAINING PROGRAMS/COURSES

NONE . . . . . 00 → **GO TO SECTION F**

**NO E25-E26 THIS VERSION.**
**NO E27-E30 THIS VERSION.**

E31. **VERIFY OR ASK:** What types of school or training have you attended since (LAST PSI INTERVIEW DATE)?

CIRCLE ALL THAT APPLY

ELEMENTARY OR MIDDLE SCHOOL (GRADE 1-8) . . . . . 01

HIGH SCHOOL (GRADE 9-12) . . . . . 02

ABE—ADULT BASIC EDUCATION PROGRAM (PRE-GED) . . . . . 03

GED PROGRAM . . . . . 04

ESL—ENGLISH AS A SECOND LANGUAGE PROGRAM . . . . . 05

NURSING SCHOOL (LPN OR RN) . . . . . 06

BUSINESS OR SECRETARIAL SCHOOL . . . . . 07

VOCATIONAL, TECHNICAL, OR TRADE SCHOOL . . . . . 08

COMMUNITY OR JUNIOR COLLEGE (2-YEAR) . . . . . 09

COLLEGE (4-YEAR) . . . . . 10

ALTERNATIVE SCHOOL . . . . . 11

JOB PLACEMENT PROGRAM . . . . . 12

ON-THE-JOB TRAINING . . . . . 13

HOME STUDY . . . . . 14

JOB SEARCH/READINESS PROGRAM . . . . . 15

MEDICAL ASSISTANT, CNA, DENTAL HYGIENIST . . . . . 16

POSTGRADUATE PROGRAM . . . . . 17

CDA CLASS . . . . . 18

OTHER TYPE (SPECIFY) . . . . . 00

_____

DON'T KNOW . . . . . -1

REFUSED . . . . . -3

**NO E32-E35 THIS VERSION.**
**NO E36-E40 THIS VERSION.**

## SECTION F: CHILD CARE AND DEVELOPMENT

**NO F1-F26 THIS VERSION.**

F27. Has anyone from Early Head Start or another program, health agency, or social service agency visited you and (FOCUS CHILD) at home since (LAST PSI INTERVIEW DATE)? Please do not include (NAMES OF DATA COLLECTORS/research staff) who may have visited you to talk to you about (FOCUS CHILD) and collect information for the Early Head Start Evaluation.

YES . . . . . 01 → **GO TO F28**

NO . . . . . 00

A. Home visitors may have come to do activities with you and (FOCUS CHILD) or talk to you about how (he/she) is doing or about how your family is getting along. Has anyone from Early Head Start or another program or agency visited you at home since (LAST PSI INTERVIEW DATE)?

**PROBE:** Please do not include (NAMES OF DATA COLLECTORS/ research staff) who may have visited you to talk to you about (FOCUS CHILD) and collect information for the Early Head Start Evaluation.

YES . . . . . 01 → **GO TO F28**

NO . . . . . 00 → **GO TO B**

DON'T KNOW . . . . . -1

REFUSED . . . . . -3 → **GO TO F39, PAGE 13**

B. **IF "NO," ASK:** Has anyone from Early Head Start or another program, health agency, or social service agency visited you and (FOCUS CHILD) at another place, such as (FOCUS CHILD)'s child care or another person's home, since (LAST PSI INTERVIEW DATE)?

YES . . . . . 01

NO . . . . . 00 → **GO TO F39, PAGE 13**

DON'T KNOW . . . . . -1

REFUSED . . . . . -3

F28. Since (LAST PSI INTERVIEW DATE), did the (person/persons) who visited you and (FOCUS CHILD) show you activities or talk about ways to help the growth and development of your child?

YES . . . . . 01

NO . . . . . 00

F29. Where did the person(s) who visited you come from?

**PROBE:** From what program or organization?

**PROBE:** Any place else?

CIRCLE ALL THAT APPLY

EARLY HEAD START . . . . . 01

DEPARTMENT OF SOCIAL SERVICES . . . . . 02

HEALTH CENTER OR HEALTH PROGRAM . . . . . 03

OTHER SITE SPECIFIC . . . . . 04

OTHER SITE SPECIFIC . . . . . 05

WIC . . . . . 06

PARENTS AS TEACHERS . . . . . 07

SCHOOL . . . . . 08

FAMILY PRESERVATION PROGRAM/ AGENCY . . . . . 09

HEAD START . . . . . 10

OTHER (SPECIFY) . . . . . 00

_____

_____

F30. Since (LAST PSI INTERVIEW DATE), how often were you and (FOCUS CHILD) visited by . . .

**READ LIST IF NECESSARY.**

| | a. **IF F29 = 01:** Someone from NAME OF EHS PROGRAM? | b. **IF F29 > 01:** People from other programs or agencies? |
|---|---|---|
| ONLY ONCE . . . . . | 01 | 01 |
| TWO OR THREE TIMES A WEEK | 02 | 02 |
| ONCE A WEEK . . . . . | 03 | 03 |
| TWO OR THREE TIMES A MONTH . . . . . | 04 | 04 |
| ONCE A MONTH . . . . . | 05 | 05 |
| LESS THAN ONCE A MONTH . . . | 06 | 06 |
| OTHER (SPECIFY) . . . . . _____ | 00 | 00 |
| NOT APPLICABLE . . . . . | -4 | -4 |
| DON'T KNOW . . . . . | -1 | -1 |
| REFUSED . . . . . | -3 | -3 |

**NO F31-F38 THIS VERSION.**

F39. Since (LAST PSI INTERVIEW DATE), have you attended classes, lectures, group activities for parents, or other events that provided information on parenting or training to help you be a better parent?

YES . . . . . 01

NO . . . . . 00

**NO F40-42 THIS VERSION.**

F43. Since (LAST PSI INTERVIEW DATE), did (FOCUS CHILD) and you participate <u>together</u> in organized group programs for parents and children?

**INTERVIEWER: USE EXAMPLES FROM YOUR AREA.**

YES . . . . . 01

NO . . . . . 00

**NO F44-F48 THIS VERSION.**

F49. Since (LAST PSI INTERVIEW DATE), have you attended parent support group sessions (other than the classes or programs you already told me about)? These are meetings with other mothers or fathers where parents can talk and share information about being a parent.

YES . . . . . 01

NO . . . . . 00

**NO F50-F52 THIS VERSION.**

**NO SECTION G THIS VERSION.**
**NO SECTION I THIS VERSION.**

## SECTION H: HOUSING

**NO H1-H7 THIS VERSION.**

H8. Have you ever been homeless since (LAST PSI INTERVIEW DATE)?

YES . . . . . 01

NO . . . . . 00

**NO H9-H10 THIS VERSION.**

## SECTION J: HEALTH STATUS

**NO J1 THIS VERSION.**

J2. **IF RESPONDENT IS MALE OR IF RESPONDENT IS FEMALE OVER 50, SKIP TO SECTION K, PAGE 18.**

**NO J3-J8 THIS VERSION.**

**INTERVIEWER: CODE IF KNOWN. OTHERWISE ASK:**

J9. How many children have you given birth to since (LAST PSI INTERVIEW DATE)? Please do not include miscarriages or stillbirths.

|___| CHILDREN

NONE . . . . . 00
DON'T KNOW . . . . . -1
REFUSED . . . . . -3

→ **GO TO SECTION K, PAGE 18**

J10. Please tell me when your youngest child was born.

|___|___| / |___|___| / |___|___|
MONTH DAY YEAR

J10b. Did you see a doctor or health professional, or go to a clinic for prenatal care before your youngest child was born?

YES . . . . . 01
NO . . . . . 00

J11. How much did your youngest child weigh at birth?

|___|___| AND |___|___|
POUNDS OUNCES

**OR**

|___|.|___|___|___| KILOGRAMS

**NO J12 THIS VERSION.**

J13. Was your youngest child born more than two weeks before or two weeks after the doctor expected?

YES, BEFORE . . . . . 01

YES, AFTER . . . . . 02

NO . . . . . 00

J14. How many weeks (early/late) was your youngest child?

|___|___| WEEKS

DON'T KNOW . . . . . -1

J15. Did you have any complications during your pregnancy with your youngest child?

YES . . . . . 01

NO . . . . . 00

J16. As a newborn baby, did your most recent child stay in the hospital after (he/she) was born because of medical problems? Please include only the days (he/she) stayed in the hospital because of medical problems. Do not include the time spent in the hospital at birth.

YES . . . . . 01

NO . . . . . 00 → **GO TO J21, PAGE 17**

J17. How many days did your youngest child stay in the hospital after birth because of medical problems?

|___|___|___| DAYS

DON'T KNOW . . . . . -1

REFUSED . . . . . -3

J18. How many of those days did your youngest child spend in the neonatal intensive care unit in the hospital after birth?

|___|___|___| DAYS

DON'T KNOW . . . . . -1

REFUSED . . . . . -3

**NO J19-J20 THIS VERSION.**

J21. Did you breastfeed your youngest child?

YES . . . . . 01

NO . . . . . 00

**NO J22-J28 THIS VERSION.**
**J29 MOVED TO SECTION K.**
**NO J30-J38 THIS VERSION.**

## SECTION K: HEALTH CARE SERVICES

K1. The next questions are about (FOCUS CHILD)'s and your health care. First, do you have a regular health care provider?

YES . . . . . 01

NO . . . . . 00

**NO K2 THIS VERSION.**

K3. Does (FOCUS CHILD) have a regular health care provider?

YES . . . . . 01

NO . . . . . 00

K4. Where do you usually take (FOCUS CHILD) for health care? Include visits for preventative care, such as immunizations or physical exams, and visits for health problems, such as illness or injury.

**INTERVIEWER: IF THEY SEE A HMO DOCTOR IN A PRIVATE DOCTOR'S OFFICE, CODE 6.**

**PROBE:** Does (she/he) see a doctor in a private office; a doctor in a clinic or HMO facility; another type of health care provider in a clinic, hospital, or emergency room; or does (she/he) go somewhere else for health care?

CIRCLE ALL THAT APPLY

EMERGENCY ROOM, OUTPATIENT . . . 01

HOSPITAL OR WALK-UP CLINIC . . . . . 02

COMMUNITY HEALTH CENTER . . . . . 03

CLINIC . . . . . 04

HEALTH MAINTENANCE ORGANIZATION (HMO) . . . . . 05

PRIVATE DOCTOR'S OFFICE . . . . . 06

CHILD WAS NOT TAKEN ANYWHERE FOR MEDICAL CARE . . . . . 07

OTHER (SPECIFY) . . . . . 00

_____

**NO K5-K7 THIS VERSION.**

K8. Did (FOCUS CHILD) visit a doctor, nurse, or other medical professional since (LAST PSI INTERVIEW DATE)?

YES . . . . . 01

NO . . . . . 00 → **GO TO K15**

K9. How many times did you take (FOCUS CHILD) to visit a doctor, nurse, or other health professional since (LAST PSI INTERVIEW DATE)?

**PROBE: IF RESPONDENT DOESN'T KNOW OR REFUSES:** Did (FOCUS CHILD) visit a health professional such as a doctor or nurse at least once since (LAST PSI INTERVIEW DATE)?

|___|___| NUMBER OF VISITS

NONE . . . . . 00

AT LEAST 1 . . . . . -4

**NO K10-K14 THIS VERSION.**

K15. Did you, (FOCUS CHILD), or other members of your family ever visit an emergency room for a health problem since (LAST PSI INTERVIEW DATE)?

YES . . . . . 01

NO . . . . . 00

**NO K16-K19 THIS VERSION.**

K20. Did (FOCUS CHILD) receive immunizations since (LAST PSI INTERVIEW DATE)?

YES . . . . . 01

NO . . . . . 00

**NO K21-K22 THIS VERSION.**

J29. Is (FOCUS CHILD) limited in any way in any activities because of an impairment or a health problem?

YES . . . . . 01

NO . . . . . 00

K25a. Does (FOCUS CHILD) have a problem or condition that makes (him/her) eligible for early intervention services from (NAME OF LOCAL PART H PROGRAM) or some other program?

YES . . . . . 01

NO . . . . . 00

DON'T KNOW . . . . . -1 → **GO TO K29**

REFUSED . . . . . -3

K26. Did you or (FOCUS CHILD) receive any early intervention or therapy services from (NAME OF LOCAL PART H PROGRAM) or another program or agency since (LAST PSI INTERVIEW DATE)?

**PROBE:** Early intervention services are services designed to meet the needs of very young children with special needs. They are provided by the state or the school system, usually at no cost to parents.

YES . . . . . 01

NO . . . . . 00

**NO K27-K28 THIS VERSION.**

(New)K29. Are you, yourself, currently covered by any kind of health insurance, such as Medicaid or private health insurance plan, or by a Health Maintenance Organization (HMO) that covers hospital or doctor bills?

YES . . . . . 01

NO . . . . . 00

**NO K30 THIS VERSION.**

(New)K31. (Is your child/Are your children) currently covered by any kind of health insurance, such as Medicaid or a private health insurance plan, or by a Health Maintenance Organization (HMO) that covers hospital or doctor bills?

YES . . . . . 01

NO . . . . . 00

**NO K32-K34 THIS VERSION.**

## SECTION L: OTHER SERVICES

L1. (LOCAL NAME), social workers, family workers, case managers, and family advocates can provide a variety of services. For example, they may help a person find a job, get help for a medical or drug problem, get help for a child with special needs, offer advice about how to improve someone's life, or help a person apply for government programs or benefits.

Since (LAST PSI INTERVIEW DATE), did you or your family meet or talk with a (LOCAL NAME) social worker, case manager, service coordinator, or family advocate from any of the following programs or places?

| | YES | NO | DON'T KNOW | REFUSED |
|---|---|---|---|---|
| a. Early Head Start? . . . . . | 01 | 00 | -1 | -3 |
| b. Department of Social or Human Services? . . . . . | 01 | 00 | -1 | -3 |
| c. A health center or health program? . . . . . | 01 | 00 | -1 | -3 |
| d. LOCAL PART H PROGRAM? . . . . . | 01 | 00 | -1 | -3 |
| e. Any other program or agency? (SPECIFY) . . . . . | 01 | 00 | -1 | -3 |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

L2. **INTERVIEWER: CHECK L1. DOES a, b, c, d, or e EQUAL "YES"? DID THE RESPONDENT MEET WITH A SOCIAL WORKER, CASE MANAGER, SERVICE COORDINATOR, OR FAMILY ADVOCATE?**

YES . . . . . 01

NO . . . . . 00

DON'T KNOW . . . . . -1

REFUSED . . . . . -3

**GO TO (New)M1, PAGE 25**

L3. Since (LAST PSI INTERVIEW DATE), how often did you or your family meet or talk with (a) case manager(s) from (this program/these programs) at home, in person, or by telephone? Was it two to three times per week, once a week, two to three times a month, once a month, less than once a month, or only once?

**ASK FOR EACH PROGRAM MENTIONED IN L1:** How often did you meet or talk with the case manager(s) from (PROGRAM IN L1)?

| | EARLY HEAD START | DEP'T OF SOCIAL SERVICES | HEALTH CENTER OR PROGRAM | LOCAL PROGRAM | OTHER PROGRAM |
|---|---|---|---|---|---|
| ONLY ONCE . . . . . | 01 | 01 | 01 | 01 | 01 |
| TWO TO THREE TIMES PER WEEK . . . . . | 02 | 02 | 02 | 02 | 02 |
| ONCE A WEEK . . . . . | 03 | 03 | 03 | 03 | 03 |
| TWO TO THREE TIMES PER MONTH . . . . . | 04 | 04 | 04 | 04 | 04 |
| ONCE A MONTH . . . . . | 05 | 05 | 05 | 05 | 05 |
| LESS THAN ONCE A MONTH . . . . . | 06 | 06 | 06 | 06 | 06 |
| OTHER (SPECIFY) . . . . . _____ _____ | 00 | 00 | 00 | 00 | 00 |
| DON'T KNOW . . . . . | -1 | -1 | -1 | -1 | -1 |
| REFUSED . . . . . | -3 | -3 | -3 | -3 | -3 |

**NO L4-L25 THIS VERSION.**

L26. **INTERVIEWER: CHECK L1a. DID THE SAMPLE MEMBER MEET OR TALK WITH A CASE MANAGER FROM EARLY HEAD START?**

YES . . . . . 01

NO . . . . . 00 → **GO TO L29**

**NO L27 THIS VERSION.**

L28. Now I would like to ask you about your satisfaction with your Early Head Start (case manager(s)/social worker(s))? How satisfied were you with your overall relationship with your Early Head Start (case manager (s)/social worker(s))?

Please tell me whether you (are/were) very satisfied, somewhat satisfied, satisfied but would change something, or very dissatisfied.

VERY SATISFIED . . . . . 01

SOMEWHAT SATISFIED . . . . . 02

SATISFIED BUT WOULD
CHANGE SOMETHING . . . . . 03

VERY DISSATISFIED . . . . . 04

L29. **INTERVIEWER: CHECK L1b, L1c, L1d, AND L1e. DID THE SAMPLE MEMBER MEET WITH ANY OTHER CASE MANAGERS?**

YES . . . . . 01

NO . . . . . 00

**NO L30-L32 THIS VERSION.**

L33. Now I would like to ask you about your satisfaction with your (case manager(s)/ social worker(s)) from (OTHER AGENCIES IN L1)? How satisfied were you with your overall relationship with your (case manager(s)/social worker(s))?

Please tell me whether you (are/were) very satisfied, somewhat satisfied, satisfied but would change something, or very dissatisfied with each aspect of what (he/she/they) did.

VERY SATISFIED . . . . . 01

SOMEWHAT SATISFIED . . . . . 02

SATISFIED BUT WOULD
CHANGE SOMETHING . . . . . 03

VERY DISSATISFIED . . . . . 04

## SECTION M: OTHER FAMILY SUPPORT SERVICES

(New)M1. Now I would like to ask you about kinds of income and support you and members of your family who live with you are currently receiving. Do you or any other family members who live with you currently receive . . .

| TYPE OF INCOME/SUPPORT | CURRENTLY RECEIVING? | |
|---|---|---|
| | YES | NO |
| a. A check or income from AFDC, TANF, or welfare for families with children? . . . . . | 01 | 00 |
| b. A check or income from General Assistance or General Relief? . . | 01 | 00 |
| c. A check or income from Supplemental Security Income (SSI)? . . . | 01 | 00 |
| d. A check or income from Social Security Retirement, Disability, or Survivor's Benefits (SSA)? . . . . . | 01 | 00 |
| e. Unemployment Insurance benefits? . . . . . | 01 | 00 |
| f. Food Stamps? . . . . . | 01 | 00 |
| g. WIC vouchers? . . . . . | 01 | 00 |
| h. Child support payments? . . . . . | 01 | 00 |
| i. Medicaid or medical assistance? . . . . . | 01 | 00 |

## AFDC

M2. **INTERVIEWER: IS M1a EQUAL TO 01? ARE RESPONDENT OR FAMILY MEMBERS CURRENTLY RECEIVING WELFARE?**

YES . . . . . 01

NO . . . . . 00 → **GO TO M47**

**NO M3 THIS VERSION.**

M4. Are you currently receiving AFDC, TANF, or welfare for families with children?

YES . . . . . 01

NO . . . . . 00

M4a. Please tell me which of the following statements are true for the family you grew up in.

| | TRUE | FALSE | DON'T KNOW |
|---|---|---|---|
| a. At least one of my parents had a paid job most of the time | 01 | 00 | -1 |
| b. At least one of my parents had a paid job some of the time | 01 | 00 | -1 |
| c. My parent(s) were on welfare, social security, or other public assistance sometimes . . . . . | 01 | 00 | -1 |
| d. My parent(s) were on welfare, social security, or other public assistance most of the time . . . . . | 01 | 00 | -1 |

**NO M5-M46 THIS VERSION.**

M47. Have you or any family members who lived with you received emergency assistance since (LAST PSI INTERVIEW DATE)? That would be assistance with things like food, clothing, housing, housing repair, shelter from abuse, counseling, or emergency medical care?

YES . . . . . 01

NO . . . . . 00

**NO M48-M50 THIS VERSION.**

M51. In the last year, what was the amount of money all members of your family received before taxes and other deductions? Please include your own income and that of all members of your family who lived with you. Include money you received from jobs, welfare, or any other source.

**PROBE:** Your best estimate would be fine.

$ |__|__|,|__|__|__| FAMILY INCOME

LESS THAN $10 . . . . . 99999

**GO TO SECTION O**

M52. Would you say it was . . .

less than $3,000, . . . . . 01
between $3,000 and $4,500, . . . . . 02
between $4,500 and $6,000, . . . . . 03
between $6,000 and $7,500, . . . . . 04
between $7,500 and $9,000, . . . . . 05
between $9,000 and $10,500, . . . . . 06
between $10,500 and $12,000, . . . . 07
between $12,000 and $13,500, . . . . 08
between $13,500 and $15,000, . . . . 09
between $15,000 and $16,500, . . . . 10
between $16,500 and $18,000, . . . . 11
between $18,000 and $21,000, . . . . 12
between $21,000 and $24,000, . . . . 13
between $24,000 and $27,000, . . . . 14
between $27,000 and $30,000, or . . 15
over $30,000? . . . . . 16
DON'T KNOW . . . . . -1
REFUSED . . . . . -3

## SECTION O: SUMMARY OF PROGRAM EXPERIENCES

O.0 **INTERVIEWER: IS THIS AN EHS PROGRAM FAMILY?**

YES . . . . . 01

NO . . . . . 00 → **GO TO ENDING, PAGE 34**

Finally, I would like to ask you to think back on your experiences over the last three years.

O1. How long did you participate in (NAME OF LOCAL EHS PROGRAM)? Your best estimate is fine.

|___|___| MONTHS

O2. Did you leave (LOCAL EHS PROGRAM) before (FOCUS CHILD) turned 3 years old?

YES . . . . . 01

NO . . . . . 00 → **GO TO O4**

O3. Why did you leave the (LOCAL EHS PROGRAM)?

MOVED . . . . . 01

DID NOT HAVE TIME FOR IT . . . . . 02

DID NOT LIKE PROGRAM . . . . . 03

PROGRAM COULDN'T HELP ME . . . . . 04

JUST STOPPED GOING . . . . . 05

OTHER (SPECIFY) . . . . . 06

_____

**GO TO O5**

O4. What program will (FOCUS CHILD) be in after leaving (LOCAL EHS PROGRAM)?

HEAD START . . . . . 01

PRESCHOOL . . . . . 02

CHILD CARE CENTER . . . . . 03

FAMILY CHILD CARE . . . . . 04

NONE . . . . . 00

O5. Please tell me how often you participated in the following activities at (LOCAL EHS PROGRAM) since you enrolled in the program. For each one, tell me if you did not participate at all or if you participated once or twice, or three or more times.

**INTERVIEWER: FOR FIRST 2 ITEMS, PROBE IF RESPONSE IS 3 OR MORE TIMES:** Would you say you participated at least monthly or more often than monthly?

| | NOT AT ALL | ONCE OR TWICE | 3 OR MORE TIMES | AT LEAST MONTHLY | MORE THAN ONCE A MONTH | DON'T KNOW |
|---|---|---|---|---|---|---|
| a. Visited with an Early Head Start staff member in my home . . . . . | 01 | 02 | 03 | 04 | 05 | -1 |
| b. Attend group activities for parents and their children . . . . . | 01 | 02 | 03 | 04 | 05 | -1 |
| c. Attend parent education meetings or workshops on topics such as job skills or child-rearing . . . . . | 01 | 02 | 03 | | | -1 |
| d. Attended an Early Head Start social event . . . . . | 01 | 02 | 03 | | | -1 |
| e. Volunteered in an Early Head Start classroom . . . . . | 01 | 02 | 03 | | | -1 |
| f. Volunteered to help out at the (LOCAL EHS PROGRAM) or served on a committee, but not in a classroom or on Policy Council . . . | 01 | 02 | 03 | | | -1 |
| g. Participated on the (LOCAL EHS PROGRAM) Policy Council . . . . . | 01 | 02 | 03 | | | -1 |

O6. During the time that you were participating in (NAME OF LOCAL EHS PROGRAM), how much time would you say you usually spent in these program activities in a typical month?

**PROBE:** Would you say you typically spent less than 2 hours a month, between 2 and 5 hours a month, between 6 and 10 hours per month, or more than 10 hours per month?

|___|___| HOURS PER MONTH **OR**

LESS THAN 2 HOURS
PER MONTH . . . . . 01

2 TO 5 HOURS PER MONTH . . . . . 02

6 TO 10 HOURS PER MONTH . . . . 03

MORE THAN 10 HOURS
PER MONTH . . . . . 04

O7. How much time would you say (FOCUS CHILD) usually spent in these program activities in a typical month? Please include the time (FOCUS CHILD) was in (NAME OF LOCAL EHS PROGRAM) child care, participating in home visits, or participating in group socialization activities in a typical month.

**PROBE:** Would you say (FOCUS CHILD) typically spent less than 2 hours a month, between 2 and 5 hours a month, between 6 and 20 hours per month, between 20 and 40 hours per month, or more than 40 hours per month?

|___|___|___| HOURS PER MONTH **OR**

LESS THAN 2 HOURS PER
MONTH . . . . . 01

2 TO 5 HOURS PER MONTH . . . . . 02

6 TO 20 HOURS PER MONTH . . . . 03

20 to 40 HOURS PER MONTH . . . . 04

MORE THAN 40 HOURS
PER MONTH . . . . . 05

O8. How satisfied were you with the help or support you received from (LOCAL EHS PROGRAM) in the following areas?

| How satisfied were you with how well the program . . . | VERY SATISFIED | SOMEWHAT SATISFIED | SOMEWHAT DISSATISFIED | VERY DISSATISFIED | DID NOT NEED HELP IN THIS AREA |
|---|---|---|---|---|---|
| a. Helped you become a good parent? . . . | 01 | 02 | 03 | 04 | 05 |
| b. Helped (FOCUS CHILD) grow and develop? . . . . . | 01 | 02 | 03 | 04 | 05 |
| c. Supported and respected your family's culture? . . . . . | 01 | 02 | 03 | 04 | 05 |
| d. Helped you get education or job training, for example, helped you enroll in GED or college courses, helped you learn to read, or helped you get into other education or training activities? . . | 01 | 02 | 03 | 04 | 05 |
| e. Helped you get a job, keep a job, or make job-related decisions? . . . . . | 01 | 02 | 03 | 04 | 05 |
| f. Helped you obtain assistance such as welfare, SSI, unemployment insurance, WIC or food stamps? . . . . . | 01 | 02 | 03 | 04 | 05 |
| g. Helped you understand, comply with, or deal with welfare reform? . . . . . | 01 | 02 | 03 | 04 | 05 |
| h. Helped you get essential things you needed, like housing, clothing, food, or utilities such as water, heat, or telephone? . . . . . | 01 | 02 | 03 | 04 | 05 |
| i. Helped you arrange child care for (FOCUS CHILD)? . . . . . | 01 | 02 | 03 | 04 | 05 |
| j. Helped you arrange child care for other children in your family? . . . . . | 01 | 02 | 03 | 04 | 05 |
| k. Helped you get health care for your child or yourself? . . . . . | 01 | 02 | 03 | 04 | 05 |
| l. Helped you arrange transportation? . . . | 01 | 02 | 03 | 04 | 05 |
| m. Helped you deal with a problem such as depression, domestic violence, or drug use? . . . . . | 01 | 02 | 03 | 04 | 05 |
| n. Helped you learn to speak or read English? . . . . . | 01 | 02 | 03 | 04 | 05 |
| o. Helped you become friends with other parents in (LOCAL EHS PROGRAM)? | 01 | 02 | 03 | 04 | 05 |

O.8 *continued*

| How satisfied were you with how well the program . . . | VERY SATISFIED | SOMEWHAT SATISFIED | SOMEWHAT DISSATISFIED | VERY DISSATISFIED | DID NOT NEED HELP IN THIS AREA |
|---|---|---|---|---|---|
| p. Supported you in becoming more involved in community groups? . . . . . | 01 | 02 | 03 | 04 | 05 |
| q. Helped you have better relationships within your family? . . . . . | 01 | 02 | 03 | 04 | 05 |
| r. Helped (FOCUS CHILD) become ready to enter preschool? . . . . . | 01 | 02 | 03 | 04 | 05 |
| s. Helped you overall? . . . . . | 01 | 02 | 03 | 04 | 05 |

O9. What were the two most important things that (LOCAL EHS PROGRAM) helped you and your family with?

**RECORD VERBATIM THEN CIRCLE ALL THAT APPLY.**

CIRCLE TWO RESPONSES

CHILD CARE . . . . . 01
CHILD DEVELOPMENT . . . . . 02
PARENTING . . . . . 03
JOB . . . . . 04
EDUCATION . . . . . 05
WELFARE REFORM . . . . . 06
HEALTH CARE . . . . . 07
SELF ESTEEM . . . . . 08
TRANSPORTATION . . . . . 09
HOUSING . . . . . 10
BASIC NEEDS (FOOD, CLOTHING) . . . . . 11
MAKING FRIENDS . . . . . 12
OTHER (SPECIFY) . . . . . 13

_____

NOTHING . . . . . 00

O10. Was there anything about (LOCAL EHS PROGRAM) that made it hard for you to participate?

YES . . . . . 01
NO . . . . . 00
DON'T KNOW . . . . . -1
REFUSED . . . . . -3

→ **GO TO END**

O10a. What was that?

**RECORD VERBATIM THEN CIRCLE ALL THAT APPLY.**

CIRCLE ALL THAT APPLY

REQUIRED TOO MUCH TIME . . . . 01

WORK SCHEDULE INTERFERED . . . . . 02

COULD NOT HELP ME . . . . . 03

STAFF CHANGED . . . . . 04

DID NOT GET ALONG WITH SOME STAFF . . . . . 05

CHILD CARE HOURS INADEQUATE . . . . . 06

DID NOT PROVIDE CHILD CARE . 07

SOMEONE IN FAMILY DID NOT WANT ME TO PARTICIPATE . . . . . 08

STAFF DID NOT SPEAK MY LANGUAGE . . . . . 09

OTHER (SPECIFY) . . . . . 10

_____

**CONCLUSION (CUSTOMIZE, DEPENDING ON LOCAL PLANS FOR LONGITUDINAL FOLLOWUP):**

**INTERVIEWER, CODE WITHOUT ASKING. HOW WELL DOES THE RESPONDENT SPEAK ENGLISH?**

VERY WELL . . . . . 01

WELL . . . . . 02

NOT WELL . . . . . 03

NOT AT ALL . . . . . 04

Thank you so much for completing this final interview in the National Early Head Start Study. Over the last 3 years, you have made an important contribution to helping us learn about the needs of families with infants and toddlers in this country, and we appreciate your help very much.